

1. ☐ LAW ENFORCEMENT SHORT FORM REPORT
 2. ☐ DRIVER REPORT OF TRAFFIC CRASH
 3. ☒ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location		DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER					
		09/04/00		3:19		3:21		3:29		02-39-13354-1		01993948					
COUNTY / CITY CODE		09-00		Feet or Miles		7 Miles		N S E W		City or Town		COUNTY					
AT NODE NO.		1 2 3		FROM NODE NO.		NEXT NODE NO. ON		NO. OF LANES		DIVIDED		ON STREET, ROAD OR HIGHWAY					
OR		FEET / MILES		ROAD		2		2		UNDIVIDED		U.S. A1E 90 (A212)					
AT INTERSECTION OF		1 2		OF INTERSECTION OF		N S E W		1000		30.294 (Pine Forest Road)							
Section 1	Vehicle	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER							
		01	MAZDA	4000R		AD7967		FL	03	1MEFM53U1A605357							
		Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)					
												POLICY NO.					
												U.S.A.A. 00138 85 310 7105 4 02865					
Pedestrian	1	OWNER'S FULL NAME (Check if Same as Driver <input checked="" type="checkbox"/>)					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE			
		Richard Neal Smith					3237 Talkship Ln					Tallahassee FL		32321			
		DRIVER'S LICENSE NUMBER					STATE					LIC. TYPE	DATE OF BIRTH		RACE	SEX	EST. AMOUNT OF DAMAGE
		S530-754 36-128					FL					E	04/08/36		WM		
		DRIVER / PEDESTRIAN HOME PHONE (Area Code)					DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)					VEHICLE REMOVED BY:					
458 5627										1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
PASSENGER'S NAME					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE	AGE				
Section 2	Vehicle	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER							
		00	SAAB	4000P		C02538		AL	03	1R8ZH 28622123648							
		Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)					
												POLICY NO.					
												Allstate Mutual A2142645					
Pedestrian	2	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE			
		Lillian Ericson					P.O. Box 3614					Mobile AL		36652			
		DRIVER (Exactly as on Driver's License) / PEDESTRIAN					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE			
		Lillian Ericson					109 S. Ship Street					Tallahassee AL		32301			
		DRIVER'S LICENSE NUMBER					STATE					LIC. TYPE	DATE OF BIRTH		RACE	SEX	EST. AMOUNT OF DAMAGE
011003					AL					D	09/06/51		BM				
DRIVER / PEDESTRIAN HOME PHONE (Area Code)					DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)					VEHICLE REMOVED BY:							
578-4617										1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
PASSENGER'S NAME					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE	AGE				
Lillian Ericson					P.O. Box 3614					Mobile AL		36652					
Section 3	Vehicle	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER							
		Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)					
												POLICY NO.					
Pedestrian	3	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE			
		DRIVER (Exactly as on Driver's License) / PEDESTRIAN					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE			
		DRIVER'S LICENSE NUMBER					STATE					LIC. TYPE	DATE OF BIRTH		RACE	SEX	EST. AMOUNT OF DAMAGE
		DRIVER / PEDESTRIAN HOME PHONE (Area Code)					DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)					VEHICLE REMOVED BY:					
		PASSENGER'S NAME					ADDRESS (Number and Street)					CITY AND STATE		ZIP CODE	AGE		
VIOLATOR		FL STATUTE NUMBER		NAME		CHARGE		CITATION #									
PROPERTY DAMAGED - Other than vehicles		EST. AMOUNT OF DAMAGE		OWNER - Name		ADDRESS - Number and Street		City / State / Zip									
WITNESSES other than PASSENGERS		NAME		ADDRESS - Number and Street		City / State / Zip											
RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER		I.D. / BADGE NO.		DEPARTMENT													